



Beaufort Memorial HOSPITAL *Foundation*

Third-Party Fundraiser Form

Help us to know your event. The following form is an application only. You will receive notification of fundraiser approval or denial in 1-2 weeks.

Name of Group/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone Number: _____ E-mail: _____

Fundraiser Name: _____

Description of Fundraiser:

Date(s) of Fundraiser: _____ Time(s): _____

Name and Address of Facility Where Fundraiser Will be Held:

Website: _____

Estimated Funds to be Raised (select one):

- | | | |
|--|--|--|
| <input type="checkbox"/> Under \$2,500 | <input type="checkbox"/> 5,000-\$10,000 | <input type="checkbox"/> Over \$25,000 |
| <input type="checkbox"/> \$2,500-\$5,000 | <input type="checkbox"/> \$10,000-\$25,000 | |

How will the dollars be raised:

How will the funds be collected:

What other organizations receive funding if BMHF receives less than 100-percent of funds:

If approved by the Foundation, are you requesting use of the hospital logo:

Yes

No

If Yes, please explain your intended use of the logo:

Please list any sponsors secured to date as well as the sponsors you plan to solicit for third-party fundraiser support.

Also include what you will be asking them for. (This information is required so we can avoid conflicts with sponsors and donors who may already be involved with other fundraising efforts.)